

Student Name: _____

Roosevelt ID: _____

The U.S. Department of Education allows the Office of Financial Aid Services to re-evaluate, for its approval, your federal student aid eligibility based on unusual circumstances. Please note that when the maximum of fixed federal and/or state student aid amounts have already been awarded, no changes can be made. An appeal submitted without required documentation is incomplete and cannot be reviewed. Additional information and/or documentation may be needed. You will be notified in writing within 10-14 days about the outcome of your appeal. Student name and RU ID must be on all attachments. **You are responsible for the payment of institutional charges due to Roosevelt University by the published due dates.**

Deadline: Fall & Fall/Spring Term – October 31st Spring Term – March 31st Summer Term – June 30th

| | | | |
|-------------------|-------|-----------------|-------|
| Student Name: | _____ | Roosevelt ID #: | _____ |
| Street Address: | _____ | Phone No#: | _____ |
| City, State, Zip: | _____ | Email Address: | _____ |

SPECIAL CIRCUMSTANCE AND REQUIRED DOCUMENTATION

Check one box and attach the related, required documentation. Student name and RU ID must be on all pages submitted.

- Reduction or Loss of Job**
You must provide a letter from the employer and supporting documentation such as proof of severance payment or Unemployment Benefits Statement. You must also provide year to date paystubs.
- Divorce/Separation**
Divorce: You must provide a copy of the court issued divorce decree.
Separation: You must provide one of the following: legal separation court agreement or a statement from yourself or one parent explaining the current marital status with proof of separate residences maintained by each individual (for example – lease, mortgage statement or utility bill).
- Recent Death of Student's Spouse or Parent(s)**
You must provide a copy of an official death certificate.
- Loss of Unemployment Benefits**
You must provide a statement from the unemployment agency detailing the amount of benefits received and date terminated.
- Other – please explain/summarize your circumstance below or in an attached letter**
You must submit documentation that you believe is appropriate for your situation.

For all circumstances, please submit copies of the most recently filed IRS Tax Return Transcript which may be obtained at www.irs.gov/Individuals/Get-Transcript. Also attach copies of ALL 1099's and/or W-2 statements. Dependent students (under age 24) must provide federal tax information for student and parent(s). Independent students (over age 24) must provide federal tax information for student and spouse, even if separate federal tax returns were filed.

Student Name:

[Blank yellow box for Student Name]

Roosevelt ID #:

[Blank yellow box for Roosevelt ID #]

PROJECTED YEARLY INCOME

| | Parent(s) <small>(DEPENDENT STUDENT ONLY)</small> | Student | Student's Spouse <small>(INDEPENDENT STUDENT ONLY)</small> |
|---|---|-----------------|--|
| Gross earnings from work: January - December | | | |
| Unemployment Compensation | | | |
| Taxable Social Security Benefits | | | |
| Other Taxed Income | | | |
| Child Support Received | | | |
| Untaxed Welfare/Social Security Benefits | | | |
| Workers Compensation | | | |
| Interest or Dividend Income | | | |
| Other: | | | |
| Other: | | | |
| | Total \$ | Total \$ | Total \$ |

I understand the Office of Financial Aid Services is reviewing my unusual circumstance appeal according to federal regulations for federal student aid eligibility. I also understand that any delay in my response for additional information within the 10-14 day review period can suspend or cancel this appeal. The outcome of this review may change my 2018-2019 FAFSA as well as my financial aid eligibility.

By signing this form, I certify the information on this form and any attachments are accurate and complete to the best of my knowledge. If requested, I agree to provide documentation to verify the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid and, I may be reported to the Office of the Inspector General and/or subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

PHYSICAL SIGNATURE – DO NOT TYPE

Student Signature

[Blank yellow box for Student Date]

Date

PHYSICAL SIGNATURE – DO NOT TYPE

Parent Signature (DEPENDENT ONLY)

[Blank yellow box for Parent Date]

Date

Submit this worksheet in person to FAS-1M16/Wabash Bldg, by email to fas@roosevelt.edu, or by fax to **(312) 341-3545**

RRAAREQ: SPEC